

Supplemental Information Form

OMB Number: 0524-0039

Expiration Date: 4/30/2009

Please complete this form in conjunction with the SF-424 Application for Federal Financial Assistance.

1. Funding Opportunity

* Funding Opportunity Name

* Funding Opportunity Number

2. Program to which you are applying

* Program Code Name

* Program Code

* 3. Type of Applicant

4. Additional Applicant Types

5. Supplemental Applicant Types *(Check all that apply)*

- ☐ Alaska Native-Serving Institution
- ☐ Cooperative Extension Service
- ☐ Hispanic-Serving Institution
- ☐ Historically Black College or University (other than 1890)
- ☐ Minority-Serving Institution
- ☐ Native Hawaiian-Serving Institution
- ☐ Public Nonprofit Junior or Community College
- ☐ Public Secondary School
- ☐ School of Forestry
- ☐ State Agricultural Experiment Station
- ☐ Tribal College (other than 1994)
- ☐ Veterinary School or College

6. HHS Account Information

* Does the legal applicant have a Department of Health and Human Services' Payment Management System (DHHS-PMS) Payee Identification Number (PIN) for CSREES awards?

☐ Yes ☐ No

* What is the DHHS-PMS PIN to be used in the event of an award?

* 7. Key Words

8. Conflict of Interest List